

# QEIP Hospital-ACO Performance Improvement Project (PIP)

**Entity Name:**

**PIP Topic:**

**2023- 2024**

**Partnership Status:** Choose an item.

**Project Phase:** Choose an item.

**Submission Dates:**

	PIP Planning (Baseline) Report	Remeasurement 1 Report	Remeasurement 2 Report	Closure Report
Version 1	Click here to enter a date	Click here to enter a date	Click here to enter a date	Click here to enter a date
Version 2	Click here to enter a date	Click here to enter a date	Click here to enter a date	Click here to enter a date

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**Submission to:** MassHealth

# Section 1: Entity Contact Information

## 1. Primary Contact Person

[PERSON RESPONSIBLE FOR COMPLETING THIS REPORT AND WHO CAN BE CONTACTED FOR QUESTIONS]

First and last name:

Title:

Phone number:

Email:

## 2. Additional Contacts

First and last name:

(Executive Sponsor)

Title:

Phone number:

Email:

First and last name:

(Clinical Lead)

Title:

Phone number:

Email:

First and last name:

(Project Manager)

Title:

Phone number:

Email:

## 3. Collaborators (if applicable):

[ENTER ANY PARTNERING ENTITIES AND OTHER EXTERNAL COLLABORATORS INVOLVED IN THIS PIP. IF NONE, ENTER N/A.]

**4. For Remeasurement 1, Remeasurement 2 and Closure Reports Only:** If applicable, summarize and report all changes in methodology and/or data collection from PIP Planning (Baseline) Report submission in the table below. Add rows as needed.

[EXAMPLES INCLUDE: ADDED NEW INTERVENTIONS, ADDED A NEW SURVEY, CHANGE IN INDICATOR DEFINITION OR DATA COLLECTION, DEVIATED FROM HEDIS® SPECIFICATIONS, REDUCED SAMPLE SIZE(S)]

	Date of change	Area of change	Brief description of change
Change 1		<input type="checkbox"/> Methodology <input type="checkbox"/> Barrier Analysis <input type="checkbox"/> Intervention/ ITM <input type="checkbox"/> Primary/Alternative Contact <input type="checkbox"/> Collaborator <input type="checkbox"/> Other: _____	

## 5. Attestation

**Entity Name:**

**Project Title:**

The undersigned approve this PIP Planning (Baseline) Report and assure involvement in the PIP throughout the course of the project. [SIGNATURES OF THE EXECUTIVE SPONSOR, CLINICAL LEAD AND PROJECT MANAGER ARE REQUIRED. WHERE ONE INDIVIDUAL SIMULTANEOUSLY HOLDS TWO OR MORE ROLES, IT IS SUFFICIENT TO PROVIDE A SIGNATURE, FIRST AND LAST NAME, AND DATE FOR ONLY ONE OF THOSE ROLES, AND ENTER ONLY FIRST NAME AND LAST NAME UNDER THE OTHER ROLES HELD BY THIS INDIVIDUAL.]

Executive Sponsor signature: \_\_\_\_\_

First and last name:

Date:

Clinical Lead signature: \_\_\_\_\_

First and last name:

Date:

Project Manager signature: \_\_\_\_\_

First and last name:

Date:

Medical Director signature: \_\_\_\_\_

First and last name:

Date:

CEO signature: \_\_\_\_\_

First and last name:

Date:

Quality Director signature: \_\_\_\_\_

First and last name:

Date:

IS Director signature: \_\_\_\_\_

First and last name:

Date:

# Section 2: Abstract

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**For Closure Report submission only.** Do not exceed 2 pages.

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**Provide a high-level summary of the PIP outlining the project topic and objectives, methodology and interventions, results, and major conclusions of the project:**

## **1. Project Topic / Rationale / Aims**

[Provide title of the project; state project rationale that highlights your (shared) equity approach; and outline objectives, aim(s), baseline and/or benchmark data, and goal for improvement.]

## **2. Methodology**

[Describe the population, study indicators, sampling method, baseline and remeasurement periods, and data collection procedures. Note any methodological overlap (e.g., use of same indicators) across partnership Entities, as applicable.]

## **3. Interventions**

[Describe the barriers, interventions, target of the interventions, and any challenges encountered, indicating any similarities across partnership Entities, as applicable.]

## **4. Results**

[Specify number of cases in the project, remeasurement rates for project indicators, and statistical test results if applicable, in text. Do not include tables and graphs in abstract.]

## **5. Conclusions**

[Address whether the project objectives were met, any corresponding explanations, a synthesis of the major project findings, any major project limitations, lessons learned (at the Entity level as well as from the collaborative experience, where applicable), and next steps.]

# Section 3: Project Topic/Equity Statement

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**3.1 and 3.2a to be completed for PIP Planning (Baseline) Report.** These sub-sections should be **identical** across Entities within a partnership. Do not exceed 2 pages.

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## 3.1 (Shared) Equity Statement: Brief Rationale for Topic Selection

- Describe how the PIP Topic addresses your population's needs and why it is important to the members/patients of Entities within your partnership (or to your members/patients, if exempt from partnering):
- Describe high-volume or high-risk conditions addressed, and identify any health inequities:
- Describe current research support for topic as applicable (e.g., clinical guidelines/standards):
- Explain why there is opportunity for improvement in this area for your Entity (if exempt from partnering) or for your partnership (must include baselines and if available, statewide average/benchmarks):

## 3.2 PIP Vision, Aim Statement(s), and Goal(s)

- a) Provide a brief PIP vision that details your overarching PIP objective related to member/patient, provider, system, community, and/or entity-focused improvements.

Enumerate the issues contributing to the problems you are working to address through your PIP. For partnered Entities, this should be identical across all Entities within a partnership.

*Example: "We will engage multiple stakeholders, including community partners, patients, and providers to address issues related to access to non-acute care, appropriate asthma management, and social determinants of health, in order to reduce avoidable ED visits for asthma."*

- Describe how entities within your partnership will work together to achieve your shared equity vision. For hospitals partnering with more than one ACO, clearly delineate these arrangements. For Entities exempt from partnership, enter "N/A," and skip to 3.2b.
- b) Provide an Aim Statement for each performance indicator.

An aim should be specific, measurable, and should answer the questions: How much improvement, to what, for whom, and by when?

"By (*specify deadline*) the entity aims to (improve/increase/decrease) (*specify indicator*) by (*specify amount*) for (*specify eligible population*)."

*Example: By the end of 2025, this Entity aims to reduce the rate of ED visits for asthma by 10 percentage points compared to the MY 2022 baseline rate, among children 5-11 years of age who have an asthma diagnosis.*

- List Goal(s) for each performance indicator:

Each performance indicator should have its own unique goal that is far-reaching, yet attainable, based on the baseline and benchmark data (if available), and strength of PIP interventions. Enter values into Table 1 below. Additional performance indicators may be reported if desired.

**Table 1: Baseline, benchmarks, and goals for performance indicators**

	<b>Baseline Rate<sup>1</sup></b> Enter measurement period.	<b>Benchmark Rate (as applicable)</b> Enter measurement period.	<b>Goal/Target Rate<sup>2</sup></b>
<b>Indicator 1</b> Click here to state indicator 1.	N*: D**: R***:	R:	R:
<b>Indicator 2</b> Click here to state indicator 2.	N: D: R:	R:	R:
<b>Indicator 3</b> Click here to state indicator 3.	N: D: R:	R:	R:
<b>Indicator 4</b> Click here to state indicator 4.	N: D: R:	R:	R:

<sup>1</sup> Baseline rate: the ACO/Hospital-specific rate that reflects the year prior to when PIP interventions are initiated.

<sup>2</sup> Upon subsequent evaluation of performance indicator rates, consideration should be given to increasing the target rate if it has been met or exceeded at that time.

\* Numerator

\*\* Denominator

\*\*\* Rate (Numerator/Denominator)

# Section 4: Methodology

To be completed upon PIP Planning (Baseline) Report submission.

## 4.1 Performance Indicators<sup>1</sup>

**Table 2. Key information related to performance indicators**

	Description	Data Source	Eligible Population	Exclusion Criteria	Numerator	Denominator
<b>Example Indicator</b>	<i>Percent of children ages 5-11 years with an asthma diagnosis who have an asthma controller medication prescription in measurement year (MY).</i>	<i>Administrative Data</i>	<i>Children ages 5-11 years with asthma diagnosis.</i>	<i>Children ages 5-11 years with a known contraindication to asthma controller medications.</i>	<i>Number of children ages 5–11 years with a prescription filled during the MY for an asthma controller medication.</i>	<i>Number of children ages 5-11 years with an asthma diagnosis excluding those with a known contraindication to asthma controller medications.</i>
<b>Indicator 1</b>		Choose an item or manually enter if multiple sources	Describe members/patients (by age/region/other demographic characteristics) for whom your PIP is designed to target.	Detail reasons members/patients would not be included in this PIP.	Detail members/patients meeting the criteria for this indicator.	Detail members/patients for whom your PIP is designed to improve outcomes (less exclusions).
<b>Indicator 2</b>		Choose an item or manually enter if multiple sources	Describe members/patients (by age/region/other demographic characteristics) for whom your PIP is designed to target.	Detail reasons members/patients would not be included in this PIP.	Detail members/patients meeting the criteria for this indicator.	Detail members/patients for whom your PIP is designed to improve outcomes (less exclusions).
<b>Indicator 3</b>		Choose an item or manually enter if multiple sources	Describe members/patients (by age/region/other demographic characteristics) for whom your PIP is designed to target.	Detail reasons members/patients would not be included in this PIP.	Detail members/patients meeting the criteria for this indicator.	Detail members/patients for whom your PIP is designed to improve outcomes (less exclusions).
<b>Indicator 4</b>		Choose an item or manually enter if multiple sources	Describe members/patients (by age/region/other demographic characteristics) for whom your PIP is designed to target.	Detail reasons members/patients would not be included in this PIP.	Detail members/patients meeting the criteria for this indicator.	Detail members/patients for whom your PIP is designed to improve outcomes (less exclusions).

<sup>1</sup> **HEDIS® Indicators:** If using a HEDIS measure (e.g., MMA, which is provided as an example in Table 2), specify the HEDIS® reporting year used and reference the HEDIS Volume 2 Technical Specifications (e.g., measure name(s)). It is not necessary to provide the entire specification. A summary of the indicator statement, and criteria for the eligible population, denominator, numerator, and any exclusions are sufficient. Describe any modifications being made to the HEDIS specification, e.g., change in age range.

**Non-HEDIS Indicators:** If not using a HEDIS measure or a modified HEDIS measure, clearly and concisely describe how the project indicator(s) will be measured. Be sure to include the measurement period, eligible population criteria, definitions for the numerator and denominator, and any exclusion criteria. Include all applicable diagnoses, procedure, pharmacy, provider type, place of service and other codes with narrative. If the state shared detailed measure specifications, the Entity could simply refer to those documents instead of providing all diagnoses, etc.

## 4.2 Data Collection and Analysis Procedures

**Are PIP interventions targeting the entire eligible population?** *Click here to enter text.*

*If yes: Please indicate “Yes” and describe your eligible population or list your inclusion criteria here. Then indicate “N/A” under “Sampling” below and address the remaining subheadings in Section 4.2.*

*If no: Please indicate “No” then provide details under “Sampling” below and address the remaining subheadings in Section 4.2.*

### **Sampling:**

*If sampling was used (for targeting interventions, completing medical record reviews, or survey distribution, for example), the sampling technique should consider and specify the true (or estimated) frequency of the event, the confidence level to be used, and the margin of error that will be acceptable.*

- **Describe sampling methodology:**
- **Sample size and justification:**

### **Data Collection**

*Describe who will collect the performance indicator and intervention tracking measure data (using staff titles and qualifications), when they will perform the data collection (monthly, quarterly, etc), and what tools they will use (abstraction tools, software, surveys, etc.). If a survey is used, indicate survey method (phone, mail, face-to-face), the number of surveys distributed and completed, and the follow-up attempts to increase response rate.*

- **Describe data collection:**

### **Validity and Reliability**

*Describe efforts used to ensure performance indicator and intervention tracking measure data validity and reliability. For medical record abstraction, describe abstractor training, inter-rater reliability (IRR) testing, quality monitoring, and edits in the data entry tool. For surveys, indicate if the survey instrument has been validated. For administrative data, describe validation that has occurred, methods to address missing data and audits that have been conducted.*

- **Describe validity and reliability:**

### **Data Analysis**

*Explain the data analysis procedures and, if statistical testing is conducted, specify the procedures used. Describe the methods used to analyze data, frequency of analysis, whether measurements will be compared to prior results or similar studies, and if results are compared among regions, provider sites, or other subsets or benchmarks.*

- **Describe data analysis procedures:**

### **Confidentiality**

*Describe procedures used to ensure member/patient confidentiality, if applicable. If not applicable, please indicate “N/A.”*

- **Describe confidentiality efforts:**

### 4.3 Timeline

**Table 3. Timeline of Key PIP events**

<b>Event</b>	<b>Timeframe</b>
<b>PIP Planning (Baseline) Report including baseline data (historical data January 1- December 31, 2022) due</b>	December 31, 2023
First Remeasurement Period	January 1, 2024 – December 31, 2024
<b>Remeasurement 1 Report due</b>	April 30, 2025
Second Remeasurement Period	January 1, 2025 – December 31, 2025
<b>Remeasurement 2 Report due</b>	April 30, 2026
Final Remeasurement Period	January 1, 2026 – December 31, 2026
<b>Closure Report due</b>	April 30, 2027

# Section 5: Understanding Your Population

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## To be completed upon PIP Planning (Baseline) Report submission

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### 5.1 Description of Entity population and stratified performance indicator data

Please populate columns A and B in Table 4 below with data related to your member/patient population. For Columns C and D, please include information related to **one** of the performance indicators you have selected for this PIP.

The subgroups listed below are examples of how your data can be stratified. Based on the population and the performance indicator selected, the Entity can modify the subgroups in Table 4. For example, if the performance indicator is a HEDIS measure that requires specific stratification, the Entity can modify the subgroups to align with the reporting stratification. Additionally, if more detailed information is available regarding race, ethnicity, language, sexual orientation, and gender identity, the Entity can modify these subgroup classifications to reflect that.

Please note, Entities should be mindful of the implications of over versus under-representation when presenting data related to their performance indicator. For example, in the example below in Table 4, the Entity would report on the number and percentage of members/patients 5–64 years of age who were identified as having persistent asthma and had a ratio of controller medications to total asthma medications of 0.50 or greater during the measurement year. In this case, we should be particularly concerned with groups that are under-represented (lower percentages in column D) since use of controller medication is the desired outcome. However, if the condition of interest were diabetes and we selected percentage of members/patients with Hgb A1C>9 as our performance indicator, we would be concerned with groups that are over-represented (higher percentage in column D) since poor blood sugar control is not a desired outcome.

**Table 4: Description of member/patient population and stratified performance indicator data**

Subgroup	Column A <u>Number of members or patients</u>	Column B <u>Percentage of members or patients</u>	Column C <u>Number of members or patients related to one performance indicator</u>	Column D <u>Percentage of members or patients related to one performance indicator</u> [(# in Column C) / (# in Column A) x 100]	Column E <u>Comments on findings (optional)</u>
<i>Example using the performance indicator Asthma Medication Ratio for members/patients with persistent asthma (AMR)</i>	<i>Number of members/patients in the population within each subgroup classification</i>	<i>Percentage of members/patients within each subgroup</i>	<i>Number of members/patients with asthma and ratio of controller medications to total asthma medications <math>\geq 0.50</math> within each subgroup</i>	<i>Percentage of members/patients with asthma and ratio of controller medications to total asthma medications <math>\geq 0.50</math> within each subgroup</i>	
<b>TOTAL</b>					
<b>Age in years</b>					
00					
1-4					
5-9					
10-14					
15-19					
20-24					
25-29					
30-34					
35-39					
40-44					
45-49					
50-54					
55-59					
60-64					
65-69					
70-74					
75-79					
80-84					
85+					

Subgroup	Column A	Column B	Column C	Column D	Column E
	Number of members or patients	Percentage of members or patients	Number of members or patients related to one performance indicator	Percentage of members or patients related to one performance indicator [(# in Column C) / (# in Column A) x 100]	Comments on findings (optional)
<b>Sex at Birth</b>					
Male					
Female					
Intersex					
Unspecified					
Not listed					
Choose not to answer					
Not sure/ don't know					
<b>Race</b>					
American Indian or Alaska Native					
Asian					
Black or African American					
Native Hawaiian or Other Pacific Islander					
White					
Other Race					
Two or More Races					
Don't Know					
Choose not to answer					
<b>Ethnicity</b>					
Hispanic or Latino					
Not Hispanic or Latino					
Don't Know					
Choose not to answer					
<b>Spoken Language*</b>					
English					
Spanish					
Portuguese <sup>‡</sup>					
Chinese <sup>‡</sup>					

Subgroup	Column A	Column B	Column C	Column D	Column E
	Number of members or patients	Percentage of members or patients	Number of members or patients related to one performance indicator	Percentage of members or patients related to one performance indicator [(# in Column C) / (# in Column A) x 100]	Comments on findings (optional)
Haitian					
Sign Language, such as ASL					
French					
Vietnamese					
Russian					
Arabic					
Language is not listed (please specify)					
Choose not to answer					
Don't Know					
<b>Written Language*</b>					
English					
Spanish					
Portuguese					
Chinese (traditional)					
Chinese (simplified)					
Haitian					
French					
Vietnamese					
Russian					
Arabic					
Language is not listed (please specify)					
Choose not to answer					
Don't Know					
<b>Disability*</b>					
Yes					
No					
Don't know					
Choose not to answer					

Subgroup	Column A	Column B	Column C	Column D	Column E
	Number of members or patients	Percentage of members or patients	Number of members or patients related to one performance indicator	Percentage of members or patients related to one performance indicator [(# in Column C) / (# in Column A) x 100]	Comments on findings (optional)
<b>Sexual Orientation*</b>					
Straight or heterosexual					
Lesbian or gay					
Bisexual					
Queer, pansexual, and/or questioning					
Something else					
Don't know					
Choose not to answer					
<b>Gender Identity*</b>					
Female					
Male					
Transgender man/trans man					
Transgender woman/ trans woman					
Genderqueer/ gender nonconforming/non-binary neither exclusively male nor female					
Additional gender category or other					
Don't know					
Choose not to answer					

\* Reporting on this population characteristic is optional for PIP Planning (Baseline) Report submission.

‡ Entities may opt to include "Cape Verdean Creole" as a separate category from "Portuguese" for spoken language.

‡ Entities may opt to separate "Chinese" into "Cantonese" and "Mandarin" categories.

# Section 6: Understanding and Addressing the Problems

## 6.1 Quality Improvement Process Tools (optional)

*If the Entity uses quality improvement process tools (such as (but not limited to) a fishbone diagram, 5 Whys, Pareto chart, failure mode and effects analysis, or key driver diagram to help identify barriers or the cause(s) of suboptimal performance), display those tools here:*

## 6.2 Barrier Analysis, Interventions, and Monitoring

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**To be completed upon PIP Planning (Baseline) Report submission and to be updated with data for Remeasurement 1, Remeasurement 2, and Closure Reports.**

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This section describes the barriers identified and the related interventions planned to overcome those barriers in order to achieve improvement. Update the barriers whenever new barriers arise during the course of implementing interventions.

**Populate the table below with relevant information, based upon instructions in the footnotes.**

*The following section is the core of your performance improvement project. Barriers are factors or conditions that interfere with an Entity's ability to achieve the performance indicator rates that you would ideally achieve. For example, if your performance indicator is follow-up after a behavioral health hospitalization, one barrier that may emerge from member/patient complaint data would be that they are not able to secure appointments at facilities that are convenient to them. Potential interventions to address this barrier include: 1) having care management staff schedule appointments for members/patients, prioritizing individual needs and preferences when doing so; 2) providing members/patients with transportation assistance.*

Entities also need to indicate the focus of each barrier identified: member/patient-focused, provider-focused, system-focused, community-focused, or Entity-focused. All Entities are required to describe and address (with at least one intervention) at least 3 barriers. It is strongly recommended to choose interventions that target a mix of member/patient, provider, community, and Entity level changes.

**Table 5: Alignment of Barriers, Interventions, and Intervention Tracking Measures**

Description of Barrier <sup>1</sup> , Method of Identification <sup>2</sup> , and Corresponding Performance Indicator(s) <sup>3</sup>	Focus (more than one may apply)	Description of Intervention(s) Designed to Overcome Barrier <sup>4</sup>	Intervention Timeframe <sup>5</sup>
<p><b>Example 1:</b> Automatic asthma controller refills not generated</p> <p>Review of pharmacy procedures/claims</p> <p>Performance Indicator: Percent of children ages 5-11 years with an asthma diagnosis who have an asthma controller medication prescription in measurement year</p>	System-focused	1a. Active asthma diagnosis flag to trigger automated refills as prescribed	Start: Jan 2024 End: Dec 2025
<p><b>Barrier #1:</b> Click here to describe barrier #1.</p> <p>Describe how barrier was identified.</p> <p>Corresponding performance indicator(s):</p>		<p><b>Intervention #1a:</b> Click here to enter Intervention #1a (note: this should be developed in response to barrier #1).</p> <p>If applicable, enter Interventions #1b and #1c here.</p>	Start: date End: date
<p><b>Barrier #2:</b> Click here to describe barrier #2.</p> <p>Describe how barrier was identified.</p> <p>Corresponding performance indicator(s):</p>		<p><b>Intervention #2a:</b> Click here to enter Intervention #2a (note: this should be developed in response to barrier #2).</p> <p>If applicable, enter Interventions #2b and #2c here.</p>	Start: date End: date
<p><b>Barrier #3:</b> Click here to describe barrier #3.</p> <p>Describe how barrier was identified.</p> <p>Corresponding performance indicator(s):</p>		<p><b>Intervention #3a:</b> Click here to enter Intervention #3a (note: this should be developed in response to barrier #3).</p> <p>If applicable, enter Interventions #3b and #3c here.</p>	Start: date End: date

<sup>1</sup>Barrier analysis should include analyses of both quantitative and qualitative data (such as surveys, access and availability data or focus groups and interviews) and review of published literature where appropriate. Literature review should not be relied upon in isolation as a source of barrier identification and must be verified for relevance to the particular Entity, using data from the Entity's own members/patients, providers, staff, or community partners. **Barriers**, such as lack of member/patient or provider knowledge, insufficient number of providers in rural areas, lack of standardized tools, and lack of adequate discharge planning should be distinguished from challenges the Entity confronted conducting the study and collecting data; these latter challenges should be described in the **Limitations** section (e.g., difficulty collecting/analyzing data).

<sup>2</sup>How the barrier was identified: Barriers should be based on data collected from sources that are both internal (e.g., QI committee brainstorming) and external (e.g., focus group, interview, survey, provider or member interviews, observation), etc.

<sup>3</sup>Please indicate the respective performance indicator(s) that this barrier corresponds to.

<sup>4</sup>Interventions should be developed to improve Entity and provider performance, as well as health outcomes among the population. Interventions should be likely to induce a permanent change rather than a short-term effect. They should be aligned with the study aims, objectives and indicators. Modifications to interventions are sometimes necessary; these modifications should be indicated in the table, with corresponding dates and the findings from the intervention tracking/process measure(s) that informed that modification. Modifications should also be briefly indicated in Section 1 on page 2 of this document.

<sup>5</sup>Interventions should be timed for optimal impact, ideally at the end of or after the baseline measurement period and early enough to allow time to impact the re-measurement results; an interval of at least 6 to 9 months is generally necessary to detect measurable impact of your interventions.

**Table 6: Quarterly Reporting of Rates for *Intervention Tracking Measures***

Summary of Intervention	Description of Intervention Tracking Measures <sup>1</sup>	Remeasurement 1				Remeasurement 2				Closure			
		Q1 2024	Q2 2024	Q3 2024	Q4 2024	Q1 2025	Q2 2025	Q3 2025	Q4 2025	Q1 2026	Q2 2026	Q3 2026	Q4 2026
<b>Example:</b> 1a. Pharmacy active asthma diagnosis flag to trigger automated refills as prescribed	#1a. Percentage of children ages 5-11 years with asthma diagnosis with controller medication automatic refill  <u>N</u> : # of children 5-11 with asthma diagnosis with automatic refill trigger <u>D</u> : # children 5-11 with asthma diagnosis	N: D: R:	N: D: R:	N: D: R:	N: D: R:	N: D: R:	N: D: R:	N: D: R:	N: D: R:	N: D: R:	N: D: R:	N: D: R:	N: D: R:
#1a. Click here to describe intervention.	#1a. Describe intervention tracking measure(s) that correspond to intervention #1a <u>N</u> : Enter description <u>D</u> : Enter description	N: D: R:	N: D: R:	N: D: R:	N: D: R:	N: D: R:	N: D: R:	N: D: R:	N: D: R:	N: D: R:	N: D: R:	N: D: R:	N: D: R:
#2a. Click here to describe intervention.	#2a. Describe intervention tracking measure(s) that correspond to intervention #2a <u>N</u> : Enter description <u>D</u> : Enter description	N: D: R:	N: D: R:	N: D: R:	N: D: R:	N: D: R:	N: D: R:	N: D: R:	N: D: R:	N: D: R:	N: D: R:	N: D: R:	N: D: R:
#3a. Click here to describe intervention.	#3a. Describe intervention tracking measure(s) that correspond to intervention #3a <u>N</u> : Enter description <u>D</u> : Enter description	N: D: R:	N: D: R:	N: D: R:	N: D: R:	N: D: R:	N: D: R:	N: D: R:	N: D: R:	N: D: R:	N: D: R:	N: D: R:	N: D: R:

<sup>1</sup>Intervention tracking measures answer the questions; Are the parts/steps in the system performing as planned? Are we on track in our efforts to improve the system?

# Section 7: Results

## To be completed upon Remeasurement 1, Remeasurement 2, and Closure Report submissions.

The section should present project findings related to performance indicators. **Do not** interpret the results in this section. In addition to populating the table for each performance indicator, present stratified results for at least one of these indicators. For example, if you have chosen to stratify Indicator #4 (e.g., Follow-Up After Emergency Department Visit for Mental Illness) by ethnicity, populate rows 4a, 4b, 4c, and 4d with indicators corresponding to ethnicity =Hispanic or Latino, ethnicity =Not Hispanic or Latino, ethnicity= don't know and ethnicity=choose not to answer, respectively. Goals are not required for these stratified rates.

**Table 7: Annual Reporting of Performance Indicator Results**

Performance Indicator	Planning (Baseline) Period Insert baseline period	Remeasurement 1 Insert first remeasurement period	Remeasurement 2 Insert second measurement period	Closure Period Insert closure period	Goal/Target Rate <sup>1</sup>
Indicator #1 Enter indicator 1 here	N: D: R:	N: D: R:	N: D: R:	N: D: R:	Rate:
Indicator #2 Enter indicator 2 here	N: D: R:	N: D: R:	N: D: R:	N: D: R:	Rate:
Indicator #3 Enter indicator 3 here	N: D: R:	N: D: R:	N: D: R:	N: D: R:	Rate:
Indicator #4 Enter indicator 4 here	N: D: R:	N: D: R:	N: D: R:	N: D: R:	Rate:
Indicator #4a. Enter indicator 4a here	N: D: R:	N: D: R:	N: D: R:	N: D: R:	
Indicator #4b. Enter indicator 4b here	N: D: R:	N: D: R:	N: D: R:	N: D: R:	
Indicator #4c. Enter indicator 4c here	N: D: R:	N: D: R:	N: D: R:	N: D: R:	
Indicator #4d. Enter indicator 4d here	N: D: R:	N: D: R:	N: D: R:	N: D: R:	

<sup>1</sup> Target rates that have been met or exceeded should be adjusted for better targeted performance.

OPTIONAL: Additional tables, graphs, and bar charts can be an effective means of displaying data that are unique to your PIP in a concise way for the reader. If you choose to present additional data, include only data that you used to inform barrier analysis, development, and refinement of interventions, and/or analysis of PIP performance.

If additional tables, graphs, or bar charts are used in this section, the narrative to accompany each table and/or chart should be descriptive in nature. Describe the most important results, simplify the results, and highlight patterns or relationships that are meaningful from a population health perspective. ***Do not*** interpret the results in terms of performance improvement in this section.

# Section 8: Discussion

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**To be completed upon Remeasurement 1, Remeasurement 2, and Closure Report submissions.**

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The discussion section is for explanation and interpretation of the results. In the Remeasurement 2 Report Discussion, revise the Remeasurement 1 Discussion so that the Remeasurement 2 Discussion represents an update of the Remeasurement 1 Discussion. Similarly, in the Closure Report Discussion, revise the Remeasurement 2 Discussion so that the Closure Discussion Section represents one comprehensive and integrated interpretation of results, rather than a separate add-on to the Remeasurement 2 discussion.

## 8.1 Discussion of Results

- **Interpret the performance indicator rates for each measurement period**, *i.e.*, describe whether rates improved or declined between baseline and remeasurement 1, between remeasurement 1 and remeasurement 2, between remeasurement 2 and closure, and between baseline and closure measurement periods:
- **Explain and interpret the results by reviewing the degree to which objectives and goals were achieved.** Use your ITM data to support your interpretations:
- **What factors were associated with success or failure?** *e.g.*, in response to stagnating or declining ITM rates, describe any findings from the barrier analysis triggered by lack of intervention progress, and how those findings were used to inform modifications to interventions.

## 8.2 Limitations

As in any population health study, there are study design limitations for a PIP. Address the limitations of your project design, *i.e.*, challenges identified when conducting the PIP (*e.g.*, accuracy of administrative measures that are specified using diagnosis or procedure codes are limited to the extent that providers and coders enter the correct codes; accuracy of hybrid measures specified using chart review findings are limited to the extent that documentation addresses all services provided).

- **Were there any factors that may pose a threat to the internal validity of the findings?**  
*Definition and examples:* internal validity means that the data are measuring what they were intended to measure. For instance, if the PIP data source was meant to capture all children 5-11 years of age with an asthma diagnosis, but instead, the PIP data source omitted some children due to inaccurate ICD-10 coding, there is an internal validity problem.
- **Were there any threats to the external validity of the findings?**  
*Definition and examples:* external validity describes the extent that findings can be applied or generalized to the larger/entire member population, *e.g.*, a sample that was not randomly selected from the eligible population or that includes too many/too few members from a certain subpopulation (*e.g.*, under-representation from a certain region).
- **Describe any data collection challenges.**  
*Definition and examples:* data collection challenges include low survey response rates, low medical record retrieval rates, difficulty in retrieving claims data, or difficulty tracking case management interventions.

# Section 9: Next Steps

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**This section should be completed only for the Remeasurement 2 and Closure Report submissions.** For Entities within a partnership, entries in subsections 9.1b and 9.3b should be **identical**.

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In this final section, discuss ideas for taking your project experience and findings to the next step. Exempt entities should only complete subsections 9.1a, 9.2 and 9.3a.

## 9.1 Lessons Learned

### a) Individual Entity-Level

- Summarize what worked or did not work the way you had intended:
- Describe the major barriers that contributed to when things did not work or did not work the way you had intended:
- Indicate if an intervention was planned but was not implemented, or if an intervention was modified, and why:
- Describe anything you learned about the needs and preferences of your populations, providers, and/or staff:
- Summarize plans to improve quality of care for your members/patients, going forward:
- Can the findings from this PIP be extrapolated/applied to other members/patients or systems? Briefly explain:
- Suggest topics/areas for further study:

### b) Partnership- Level

- How did collaboration help guide the process or overall success of the PIP? Describe your experience in this partnership in terms of what worked or did not work the way you had intended:
- Indicate if there were any common barriers across Entities in your partnership:
- Identify any general themes emerging from interventions that were planned but were not implemented, or if interventions were modified, and why:
- Describe anything you learned about common needs and preferences of your populations, providers, and/or staff across the partnership:
- Summarize plans to improve quality of care for members/patients across your partnership, going forward:
- Can the findings from this PIP be extrapolated/applied to other members/patients or systems? Briefly explain:
- Suggest topics/areas for further study:

## **9.2 Dissemination of Findings**

- Describe the methods used to make your findings available to members/patients, providers, other Entities, or other interested parties:
- Identify future goals for disseminating the project's key findings and the lessons learned:

## **9.3 Sustainability**

### **a) Individual Entity-Level**

- Describe actions your Entity will take to sustain improvement:
- Describe enhancements planned for next steps of interventions in your Entity:
- Describe your Entity's plans to spread successful interventions to other populations and organizational processes, as applicable:
- Indicate whether or not your interventions will continue beyond the closure of the PIP. If not, explain why:

### **b) Partnership- Level**

- Describe actions that will be taken across the partnership to sustain improvement:
- Describe collective enhancements planned for next steps of interventions:
- Describe joint plans to spread successful interventions to other populations and organizational processes, as applicable:
- Indicate whether or not your partnership will continue beyond the closure of the PIP. If not, explain why:

# Glossary of PIP Terms

PIP Term	Also known as...	Purpose	Definition
<b>Aim</b>	<ul style="list-style-type: none"> <li>Purpose</li> </ul>	To state what the Entity is trying to accomplish by implementing their PIP.	An aim clearly articulates the goal or objective of the work being performed for the PIP. It describes the desired outcome. The Aim answers the questions “How much improvement, to what, for whom, and by when?”
<b>Barrier</b>	<ul style="list-style-type: none"> <li>Obstacle</li> <li>Hurdle</li> <li>Roadblock</li> </ul>	To inform meaningful and specific intervention development addressing members/patients, providers, and Entity staff.	<p>Barriers are obstacles that need to be overcome in order for the Entity to be successful in reaching the PIP aim or target goals. The root cause (s) of barriers should be identified so that interventions can be developed to overcome these barriers and produce improvement for members or patients/providers/Entities.</p> <p>A barrier analysis should include analyses of both quantitative (e.g., EMR or survey data) and qualitative (focus groups or interviews) data as well as a review of published literature where appropriate (with objective verification of applicability to your Entity) to root out the issues preventing implementation of interventions.</p>
<b>Baseline rate</b>	<ul style="list-style-type: none"> <li>Starting point</li> </ul>	To evaluate the Entity’s performance in the year prior to implementation of the PIP.	The baseline rate refers to the rate of performance of a given indicator in the year prior to PIP implementation. The baseline rate must be measured for the period before PIP interventions begin.
<b>Benchmark rate</b>	<ul style="list-style-type: none"> <li>Standard</li> <li>Gauge</li> </ul>	To establish a comparison standard against which the Entity can evaluate its own performance.	The benchmark rate refers to a standard that the Entity aims to meet or exceed during the PIP period. For example, this rate can be obtained from the statewide average, or Quality Compass.
<b>Goal</b>	<ul style="list-style-type: none"> <li>Target</li> <li>Aspiration</li> </ul>	To establish a desired level of performance.	A goal is a measurable target that is realistic relative to baseline performance, yet ambitious, and that is directly tied to the PIP aim and objectives.
<b>Intervention Tracking Measure</b>	<ul style="list-style-type: none"> <li>Process Measure</li> </ul>	To gauge the effectiveness of interventions (on a quarterly or monthly basis).	Intervention tracking measures are monthly or quarterly measures of the success of, or barriers to, each intervention, and are used to show where changes in PIP interventions might be necessary to improve success rates on an ongoing basis.
<b>Limitation</b>	<ul style="list-style-type: none"> <li>Challenges</li> <li>Constraints</li> <li>Problems</li> </ul>	To reveal challenges faced by the Entity, and the Entity’s ability to conduct a valid PIP.	Limitations are challenges encountered by the Entity when conducting the PIP that might impact the validity of results. Examples include difficulty collecting/ analyzing data, or lack of resources / insufficient nurses for chart abstraction.
<b>Performance Indicator</b>	<ul style="list-style-type: none"> <li>Indicator</li> <li>Performance Measure</li> <li>Outcome measure</li> </ul>	To measure or gauge health care performance improvement (on a yearly basis).	Performance indicators evaluate the success of a PIP annually. They are a valid and measurable gauge, for example, of improvement in health care status, delivery processes, or access.